

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jimmy AVILA

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV

() ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Sun River Health, INC.,
MELISSA SHOUPPE, LESTER
(full name(s) of the defendant(s)/respondent(s))

RECEIVED
SDNY PRO SEC OFFICE
2022 OCT 27 PM 3:05

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)
I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: _____

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: 900

If "no," what was your last date of employment? Dec 2012

Gross monthly wages at the time: 600 monthly

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment
(b) Rent payments, interest, or dividends

☐ Yes
☐ Yes

☒ No
☒ No

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

SSID 900 monthly

If you answered "No" to all of the questions above, explain how you are paying your expenses:

Disability checks monthly

4. How much money do you have in cash or in a checking, savings, or inmate account?
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

MTA - \$50 month, Rent 183 monthly

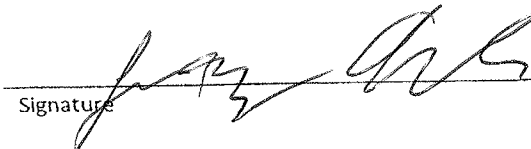
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

SELF

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

NO

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated	10-27-2022	Signature	
Name (Last, First, MI)	AXILA Jimmy	Prison Identification # (if incarcerated)	
Address	1212 GRANT Ave, BK Bx 1	State	NY
City		Zip Code	10456
Telephone Number	646-944-2174	E-mail Address (if available)	highsecurity123@gmail.com

HUNTS POINT SNAP CENTER S40
845 BARRETT STREET 2ND FLOOR
BRONX, NY 10474

NOTICE OF DECISION ON YOUR
SUPPLEMENTAL NUTRITION ASSISTANCE.

PROGRAM CODE = F40

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

NOTICE NUMBER: N037H08283		DATE: May 4, 2022		CASE NUMBER: 016878253A	
OFFICE F40	UNIT	WORKER	UNIT OR WORKER NAME		TELEPHONE NO.
AGENCY TELEPHONE NUMBERS GENERAL TELEPHONE NO. 718-722-8013 FOR QUESTIONS OR HELP ----- OR Agency Conference 718-722-8013 Fair Hearing information and assistance 718-722-8013 Record Access 718-722-8013 Child/Teen Health Plan 718-557-1399			CASE NAME / AND ADDRESS AVILA JIMMY 1212 GRANT AVE, 1C BRONX, NY 10456		
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.					
If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.					
SUPPLEMENTAL NUTRITION ASSISTANCE Your application for continued SNAP benefits is APPROVED from July 1, 2022 to June 30, 2023. The following individuals are approved for SNAP benefits: JIMMY AVILA You will get \$198.00 in SNAP benefits each month. If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued. This decision is based on Department Regulations 18 NYCRR 387.8, 387.14 and 387.15. <u>How we figured your SNAP Benefits:</u> Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct. <ul style="list-style-type: none"> o You will get \$198.00 for the month of July, 2022. o There is 1 person in your SNAP household. o You pay \$188.00 for housing. o According to our records, your type of housing is known as Subsidized 					